



**Texas Department of Agriculture**  
**Verification of Worker Protection Standard Card Issuance**

**PA-416**

TODD STAPLES, COMMISSIONER

<b>SECTION A</b>	<b><sup>1</sup> TRAINER INFORMATION</b>				
	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> _____		First Name	M. I.	Last Name
	TDA License No.		TDA Client No.		
	<b><sup>2</sup> MAILING ADDRESS</b>				
	Address				
	City		State	Zip	
	<b><sup>3</sup> CONTACT INFORMATION</b>				
	Primary Phone (     )     -		Secondary Phone (optional) (     )     -		
	E-Mail		Would you prefer to be contacted by E-mail? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	<b><sup>4</sup> TRAINING INFORMATION</b>				
Has the trainer been trained as a WPS trainer? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Location where trained as WPS Pesticide Safety Trainer					
Date Trained     /     / month   day   year		Trained by <input type="checkbox"/> TDA <input type="checkbox"/> Other (if other, complete contact information)			
Name of Other Organization					
Address of Organization					
City		State	Zip		

<b>SECTION B</b>	<b><sup>1</sup> CARDS REQUESTED</b>	<b>FOR TDA USE ONLY</b>	
	No. of Worker Cards Requested	No. W _____ to No. W _____	Date cards mailed     /     / month   day   year
	No. of Handler Cards Requested	No. H _____ to No. H _____	Person Who Issued Cards

**This document becomes public record and is subject to disclosure. With few exceptions, you have the right to request and be informed about the information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. (Reference: Government Code, Sections 552.021, 552.023, and 559.004.)**